

WELCOME

September/October 2015





DIVISION OF PUBLIC HEALTH

don't forget to

SILENCE

your phone





WILLIAM ATKINSON, MD MPH



- Former Medical Epidemiologist with the National Center for Immunization and respiratory Diseases at the CDC
- Associate Director for Immunization Education for the IAC
- Independent consultant for development of technical and training materials for immunization providers
- Conceived, developed, and took the lead in writing the Pink Book





BOOSTER SHOTS

 Booster Shots presentations will be posted on line at <u>www.immunizeidaho.com</u>

• The Booster Shots booklet contains:

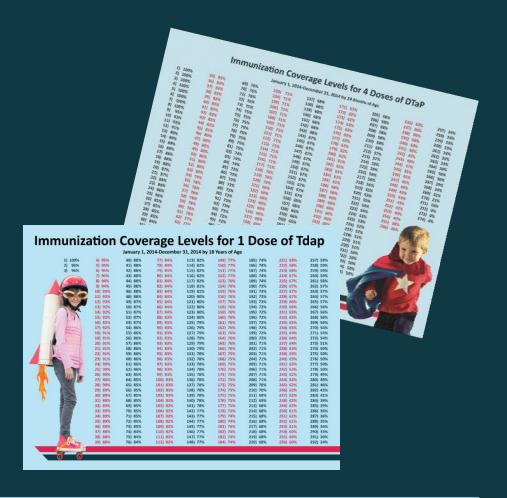
- Agenda
- 2015 Immunization Schedule
- Note Pages





PERTUSSIS VACCINATION COVERAGE

Vaccine	Idaho	US National
3+DTaP	92.5%	94.7%
4+DTaP	77.7%	84.2%
≥ 1 Tdap	70.8%	89.8%







IDAHO IMMUNIZATION PROGRAM

Vaccine Inventory Specialist:

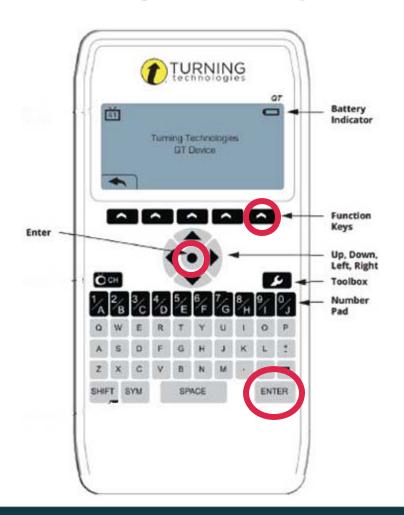
Vacant

New Program Manager: Rafe Hewett ←





AUDIENCE RESPONSE SYSTEM

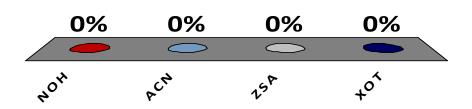


- Push "Enter" to power on the device
- You may use the Number Pad or Keyboard to select an answer
- The answer will send automatically or you may push the Function Key on the far right



VACCINE

- 1. NOH
- **√**2. A C N
 - 3. Z S A
 - 4. X O T





Is your office currently administering 2015-2016 influenza vaccine?

A. Yes 25%

B. No 25%

C. Yes, but for adults only 25%

D. No, but we have vaccine available 25%









Child had four (4) doses of DTaP before age 3. Was given a Kinrix at age 10. The child is now 12 and should be given a Tdap, according to IRIS

A. True



B. False





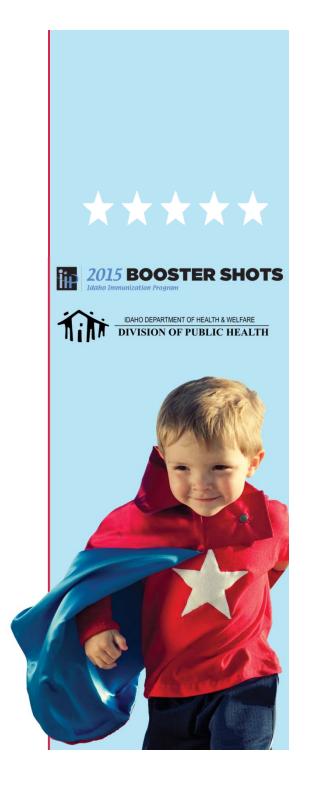
FALSE

- DTaP given after age 7 should be counted as a valid dose in place of Tdap. Additionally, this is the same when a dose of Kinrix is given to an older child off-label. Kinrix was used here in an off label manner, but CDC would accept the dose as a valid DTaP dose. (http://www.cdc.gov/mmwr/PDF/rr/rr5503.pdf pg 27)
- As this child was 10 when they received the Kinrix, CDC wouldn't recommend another Tdap dose at 11 or 12.

NOTE: If a Tdap or DTaP is inadvertently administered to a child aged 7-9 years instead of Td as part of catch up-vaccination or for wound management, this dose can be counted as the adolescent Tdap dose, or the child can later receive an adolescent booster dose of Tdap according to the interval guidance used for Td to Tdap according to the interval guidance used for Td To Tdap..." (see routine Tdap Vaccination [section 1-A] and Pertussis Outbreaks and Other Settings with Increased Risk for Pertussis or its Complications [section 3-C])



	History		Add Immur	ization Edit Pa	tient Reports	Print	Print Cor	nfidentia	1
	Vaccine G	roup Date Admin	istered Series	Trade Name	Dose (Owned?	Reaction	Hist?	Edit
	DTP/aP	03/03/2		Pediarix ®	Full	No			1/2
l		04/28/2	014 2 of 5	Pentacel ®	Full	No			1/1
DOB 12/24/20)13	12/22/2	014 3 of 5	Pediarix ®	Full	No			1/2
	перм	03/04/2	015 1 of 2	VAQTA-Peds 2 D	ose® Full	No			1/1
	НерВ	12/24/2	013 1 of 3			No		Yes	1/2
		03/03/2	014 2 of 3	Pediarix ®	Full	No			1/
		12/22/2	014 3 of 3	Pediarix ®	Full	No			1/
	Hib	03/03/2	014 1 of 3	ActHib ®	Full	No			1/
		04/28/2	014 2 of 3	Pentacel ®	Full	No			1/
		12/22/2	014 3 of 3	ActHib ®	Full	No			1/
			<u></u>			<u></u>			1/
	MMR	03/04/2	015 1 of 2	MMR II®	Full	No			1/
	Pneumocoo	cal <u>03/03/2</u>	014 1 of 3	Prevnar 13 (9 Full	No			1/
		04/28/2	014 2 of 3	Prevnar 13 (9	No		Yes	1/2
		12/22/2	014 3 of 3	Prevnar 13 (9 Full	No			1/2
		<u> </u>	:: <u>-</u>			<u> </u>			1/
	Polio	03/03/2	014 1 of 4	Pediarix ®	Full	No			1/2
		04/28/2	014 2 of 4	Pentacel ®	Full	No			1/1
		12/22/2	014 3 of 4	Pediarix ®	Full	No			1/1
	Rotavirus	03/03/2	014 1 of 3	RotaTeq ®	Full	No			1/1
		04/28/2	014 2 of 3	RotaTeq ®	Full	No			1/1
	Varicella	03/04/2	015 1 of 2	Varivax ®	Full	No			1/1
	Current A	Age: 1 year, 8 months	, 22 days						
	Vaccine	s Recommended by	Selected Tracki	ng Schedule			Add	Selecte	d
	Select	Vaccine Group	Vaccine	Earliest Date	Recommer	Recommended Date		Past Due Date	
	✓	DTP/aP		06/22/2015	06/22/	2015	07	/24/2018	5
	✓	<u>HepA</u>		09/04/2015	09/04/	2015	09	/04/2016	6
		<u>HepB</u>			Complete				
		<u>Hib</u>			Complete				
	✓	<u>Influenza</u>		06/24/2014	08/01/	2015	08	/01/201	5
		MMR		04/01/2015	12/24/	2017	12	/24/2019	9
		Pertussis (Tdap)		12/24/2020	12/24/	2024	12	/24/2026	6
		Pneumococcal			Complete	2047	45	10.410.044	
		Polio Rotavirus		12/24/2017 Maximu	12/24/ m Age Exceede		12	/24/2019	9
		Td		12/24/2020	12/24/		12	/24/2020)
		Varicella		05/27/2015	12/24/			/24/2019	
		varicella		03/2//2015	12/24/	2011	12	12412013	,

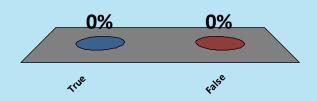




A child born on 12/24/2013 had 3 doses of HIB and 3 doses of PCV 13, 2 days before her first birthday. She is complete with these vaccines.



B. False



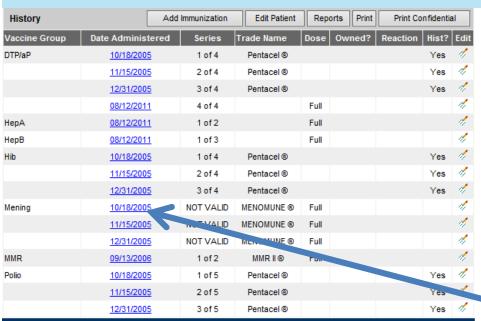




TRUE

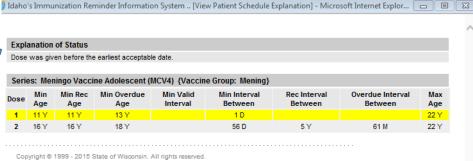
 This child doesn't need an additional dose of HIB and PCV13 because she fits within the 4 day grace period. She was 2 days short of her first birthday when she received her last dose of these vaccines, and since there are no live vaccines to consider, these are valid and no further doses of these vaccines are indicated.





Current Age: 10 years, 1 month, 29 days					
Vaccines Recommended by Selected Tracking Schedule					Add Selected
Select	Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
	DTP/aP		Co	omplete	
✓	<u>HepA</u>		02/12/2012	02/12/2012	02/12/2013
✓	<u>HepB</u>		09/09/2011	09/09/2011	10/12/2011
	<u>Hib</u>		Maximum	n Age Exceeded	
	<u>HPV</u>		07/24/2014	07/24/2016	07/24/2018
✓	<u>Influenza</u>		01/24/2006	08/01/2015	08/01/2015
✓	Mening		04/24/2006	07/24/2007	07/24/2007
✓	MMR		10/11/2006	07/24/2009	07/24/2011
	Pertussis (Tdap)	Tdap	07/24/2012	07/24/2016	07/24/2018
✓	<u>Polio</u>		01/28/2006	07/24/2009	07/24/2011
	<u>Td</u>	Tdap	08/12/2021	08/12/2021	10/12/2021
✓	<u>Varicella</u>		10/11/2006	10/11/2006	11/24/2006

DOB 7/24/2005







DIVISION OF PUBLIC HEALTH

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A child, born overseas, had 3 doses of Menomune, before age 10. Does he need a dose of MCV at age 11-12?

A. Yes

B. No





Yes

 Any meningococcal vaccination given prior to the 10th birthday (either with MCV4 or MPSV4) does NOT count toward routinely recommended doses.

NOTE: It was determined later that the child had been vaccinated with Mening C which wasn't part of the accepted vaccines in IRIS. This was added to the schedule.

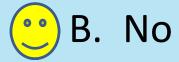


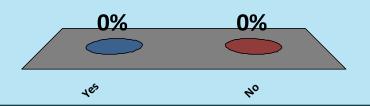




If Hiberix is inadvertently given as some or all doses of the primary series of Hib, do the doses need to be repeated?

A. Yes

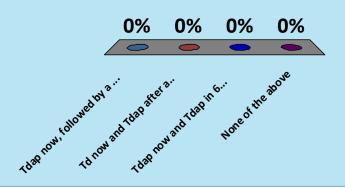






A 7 year old had only one dose of DTaP at age 2. What do they receive next?

- A. Tdap now, followed by a single dose of Td spaced 6 months later
- B. Td now and Tdap after age 11 then every 10 years
- C. Tdap now and Tdap in6 months
- D. None of the above





A

 Children ages 7 through 10 years who are not fully immunized against pertussis should receive a single dose of Tdap. If needed, they should complete their series with Td. In this case, the first dose of DTaP was given after the first birthday, so they'd be complete with a single Td given 6 months later.

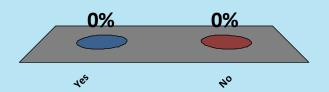




If a child has 4 documented polio vaccinations before age 4, do they need any additional doses?

A. Yes

B. No







YES

Child needs to have one more after age 4.

 The school and childcare module in IRIS was designed after the school law: IDAPA 16.02.15 which indicates that children have to have 4 documented doses of polio at school entry.



School Requirements IDAPA 16.02.15

Immunization Requirement by Age	Doses of Vaccines Required		
Children born on or before September 1, 1999 must have a minimum of:	(4) Diphtheria, Tetanus, Pertussis (DTaP) (1) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B		
Children born after September 1, 1999 through September 1, 2005 must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B		
Children born after September 1, 2005 ¹ must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A		

Immunization Requirement by Grade ⁵	Doses of Vaccines Required
Children admitted to 7th grade must meet the following minimum immunization requirements in addition to school entry requirements:	(1) Tetanus, Diphtheria, Pertussis (Tdap) (1) Meningococcal





William Atkinson, MD, MPH





Topics

- Pertussis DTaP Tdap
- Influenza vaccine
- Pneumococcal vaccines
- Meningococcal serogroup B vaccines
- HPV vaccines





Pertussis in the United States

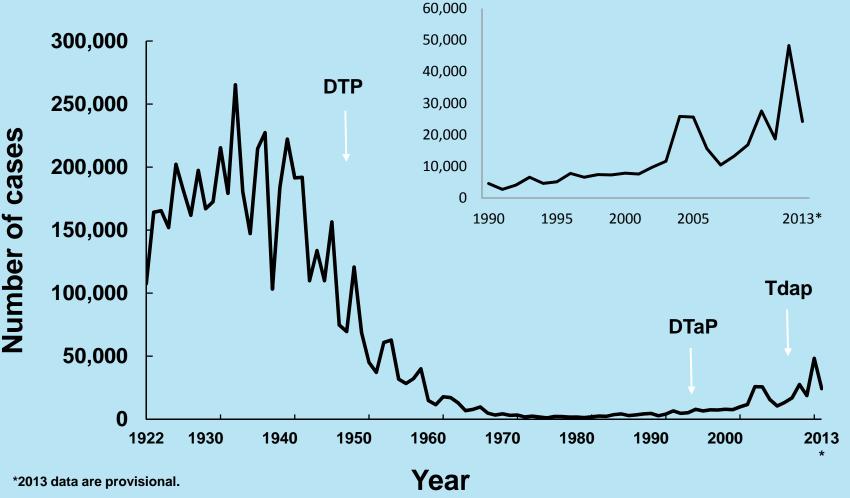
- 28,639 reported cases in 2013 (237 in ID)
- 32,971 reported cases in 2014 (367 in ID)
- Highest incidence among infants (105/100,000), and adolescents age 7-10 years (30/100,000)
- 9 deaths reported all among infants less than 3 months of age)

MMWR 2015;64(No. 36):1028 and CDC unpublished data





Reported Pertussis Cases 1922-2013*

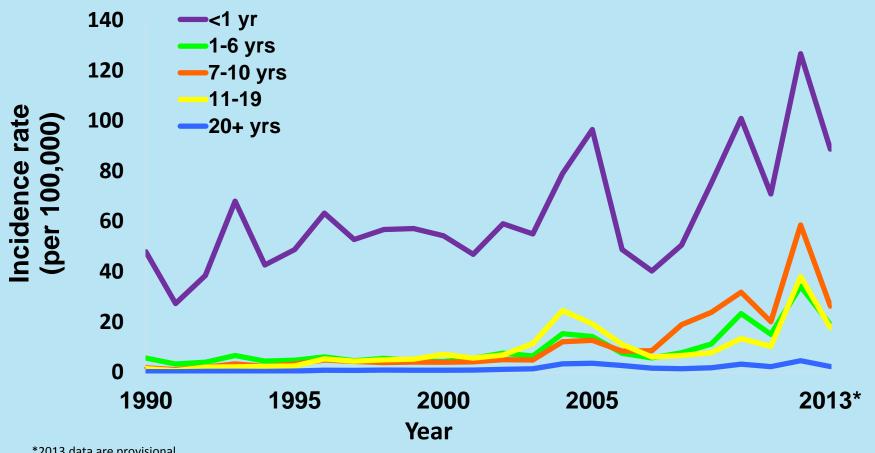


SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the Public Health Service





Reported Pertussis Incidence by Age Group, 1990-2013*



*2013 data are provisional.

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System





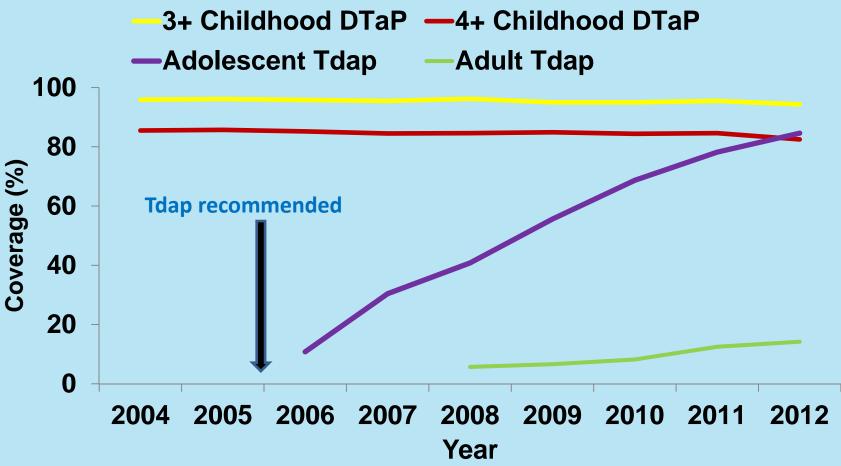
Routine DTaP Primary Vaccination Schedule

		Minimum
<u>Dose</u>	<u>Age</u>	<u>Interval</u>
Primary 1	2 months	
Primary 2	4 months	4 wks
Primary 3	6 months	4 wks
Primary 4	15-18 months	6 mos





DTaP Coverage Among Children and Tdap Coverage Among Adolescents and Adults



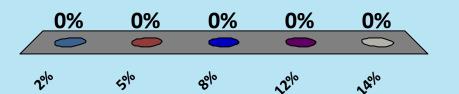
*CDC National Immunization Survey: DTaP among children aged 19 through 35 months, Tdap coverage among adolescents aged 13 through 17 years. Coverage among adults aged 19 through 64 years from National Health Information Survey.





What is the difference in coverage between DTaP3 and DTaP4 in Idaho?

- 1. 2%
- 2. 5%
- 3.8%
- 4. 12%
- 5. 14%



DTaP Vaccine Coverage 2014*

	טו	05
DTaP 3+	92%	95%
DTaP 4+	78%	84%
PCV 3+	94%	93%
PCV4+	84%	83%
Hib FS	80%	82%
MMR	90%	92%

*among children 19-35 years of age. National Immunization Survey. MMWR 2015;64(33):890-6





DTaP Fourth Dose

- Critical dose in the DTaP primary series
- Recommended at 15 through 18 months
- May be given at younger than 15 months of age if:
 - child is at least 12 months of age, and
 - at least 6 months since DTaP3*, and
 - in the clinician's opinion unlikely to return at 15-18 months



DTaP VE and Duration of Protection Estimates— California, 2010

Model *	Case (n)	Control (n)	VE, %	95% CI
Overall VE, All Ages				
0 dose	53	19	Ref	
5 doses	629	1,997	88.7	79.4 – 93.8
Time since 5 th dose				
0 doses	53	19	Ref	
< 12 months	19	354	98.1	96.1 – 99.1
12 – 23 months	51	391	95.3	91.2 – 97.5
24 – 35 months	79	366	92.3	86.6 – 95.5
36 – 47 months	108	304	87.3	76.2 – 93.2
48 – 59 months	141	294	82.8	68.7 – 90.6
60+ months	231	288	71.2	45.8 – 84.8

JAMA 2012;308:2126-2132

DTaP4- The Australian Experience

- Australia stopped recommending DTaP4 (at 18 months) in 2003
- During 2006-2012 the average annual notification rate for pertussis increased 280%
- Waning pertussis immunity may have contributed to this increase
- Australia is now reinstating the 18 month dose of DTaP





Why Does Coverage Fall For The Full Series?

- In 2013 and 2014, coverage for DTaP4,
 PCV4, and the full series of Hib remained at similar levels (82%–84%)
- These vaccines require a booster dose during the second year of life, when the opportunities for catch-up doses with these vaccines are fewer because of declining frequency of well-child visits

MMWR 2014;63(34):741-8





Why Does Coverage Fall For The Full Series?

- Patients do not return
- Patients return but
 - Insufficient interval since prior dose (i.e., ineligible for the dose)
 - Vaccines not offered
 - Vaccines offered but refused
- MMR and varicella coverage in Idaho are 90% so children are coming back at least once after the first birthday



How To Improve Full Series Coverage

- CDC recommends the use of clinician and system-based interventions to increase opportunities for vaccination, including
 - use of immunization information systems (IIS) reminder and recall systems
 - clinician assessment and feedback
 - clinician reminders
 - standing orders
- Give all needed vaccines at the same visit
- Eliminate invalid contraindications (minor illness, antibiotic use, need for multiple vaccines, etc.)

MMWR 2014;63(34):741-8





Tdap Recommendations

- Routinely recommended at 11 or 12 years of age
- Catch up 13 through 18 years who have not been vaccinated with Tdap
- Administer Tdap to ALL unvaccinated adults 19 years and older including adults over 65 years of age*

*Off-label recommendation. MMWR 2011; 60 (No. 1):13-5





Tdap and Pregnant Women

- Administer a dose of Tdap vaccine to during each pregnancy irrespective of the woman's prior history of receiving Tdap*
- To maximize passive transfer of antibody to the fetus optimum timing of Tdap is between 27 and 36 weeks gestation
- Tdap may be administered earlier in pregnancy if necessary (e.g. wound management)

*Off-label recommendation. MMWR 2013:62 (No.7): 131-135





Tdap Revaccination

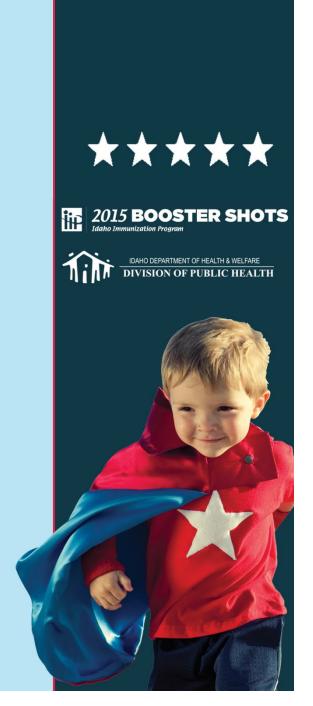
- Revaccination with Tdap applies ONLY to pregnant women
- Does NOT apply to family members or other contacts
- ACIP does not currently recommend Tdap revaccination for HCP
- Focus on current Tdap program
 - improve adult Tdap coverage, including HCP (31% in 2012)
 - vaccination of pregnant women

MMWR 2013:62((No.7): 131-135





Influenza Vaccines



What's New for Influenza 2015-2016

- H3N2 and B virus strains changed
- New vaccines (Flublok age now 18+ years, Fluzone Intradermal now quadrivalent)
- Removal of preference for LAIV for children 2 through 8 years of age
- Revised (simplified!) algorithm for determining the number of doses for children 6 months through 8 years of age

MMWR 2015;64:818-25





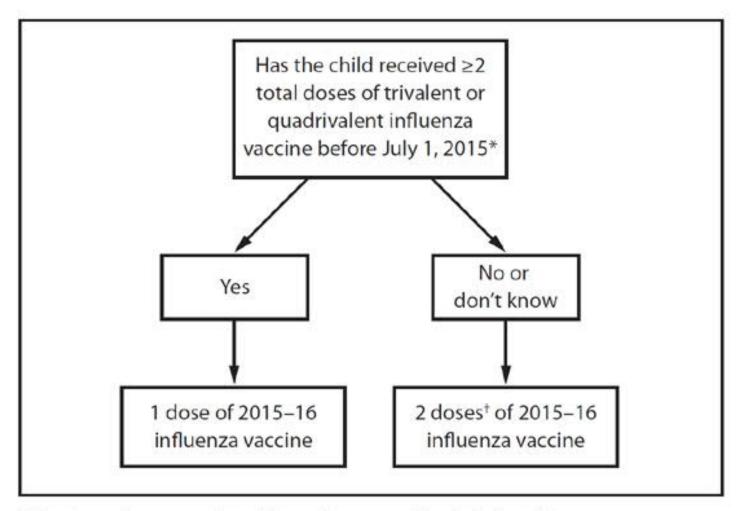
Influenza Vaccine for Children 6 Months Through 8 Years

- Two doses this season if
 - first season they are vaccinated, or
 - did not receive a total of at least two doses of trivalent or quadrivalent influenza vaccine before July 1, 2015*, or
 - child's vaccination history is unknown
- Otherwise 1 dose this season
 - * The two doses need not have been received during the same season or consecutive seasons MMWR 2015;64:818-25





FIGURE 1. Influenza vaccine dosing algorithm for children aged 6 months through 8 years — Advisory Committee on Immunization Practices, United States, 2015–16 influenza season

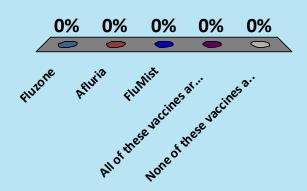


^{*} The two doses need not have been received during the same season or consecutive seasons.

[†] Doses should be administered ≥4 weeks apart.

Which brand of influenza vaccine is approved by the FDA for children younger than 6 months of age?

- 1. Fluzone
- 2. Afluria
- 3. FluMist
- 4. All of these vaccines are approved for children younger than 6 months
- 5. None of these vaccines are approved for children younger than 6 months



Influenza Vaccines by Approved Age Group, 2015-2016

Age group	Vaccines Approved for This Age Group
0 through 5 months	None
6 months and older	Fluzone IIV3 (MDV) and IIV4 (not ID or HD)
2 through 49 years	Flumist LAIV4
3 years and older	Fluarix IIV4, FluLaval IIV4
4 years and older	Fluvirin IIV3
9 years and older	Afluria IIV3*
18 years and older	Flucelvax IIV3, Flublok RIV3
18 through 64 years	Fluzone IIV4 intradermal
65 years and older	Fluzone IIV3 high dose

^{*}Afluria IIV3 is approved by FDA for persons 5 years and older but recommended by ACIP for persons 9 years and older. Afluria is approved for persons 18 through 64 years when given by Stratis jet injector.

MMWR 2015;64:818-25

Avoiding Mistakes with Influenza Vaccine

- Be certain of the approved ages for the vaccine(s) you stock
- Children 6 through 23 months of age can receive only Fluzone
- Children 24 through 35 months of age can receive only Fluzone or FluMist
- Fluzone HD is approved only for people 65 years and older
- Only 1 dose per season (except for certain children 6 months through 8 years of age





Influenza Vaccine Administration Errors

- Clinicians should not administer Influenza vaccine (IIV and LAIV) to persons outside the licensed age range for the vaccine they are using
- If LAIV or IIV* is given outside the licensed age ranges it is not necessary to repeat the dose unless a 0.25 mL dose was administered to a person 3 years or older

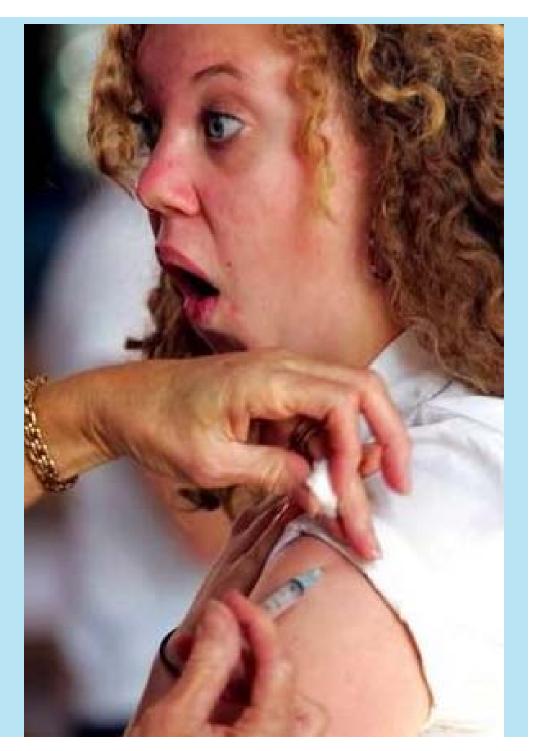
*except Fluzone Intradermal in some circumstances





This is wrong!

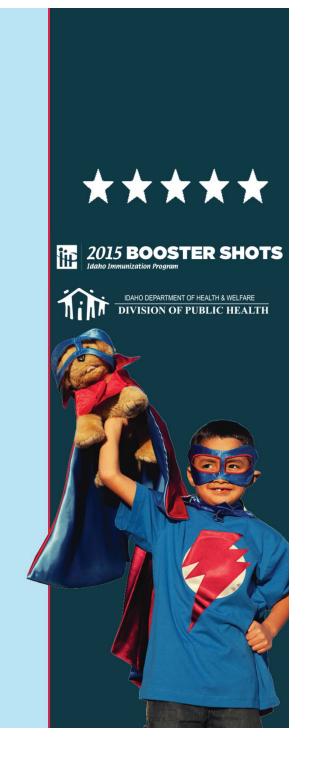
Be certain of your anatomic landmarks before giving an intramuscular injection!





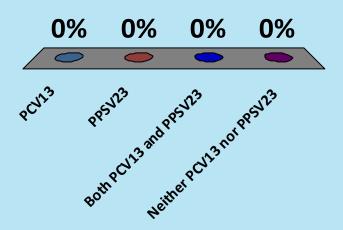
Correct locations for intramuscular vaccine injections (gloves not required)

Pneumococcal Vaccines



Which pneumococcal vaccine is recommended at age 65 years?

- 1. PCV13
- 2. PPSV23
- 3. Both PCV13 and PPSV23
- 4. Neither PCV13 nor PPSV23



Pneumococcal Conjugate Vaccine (PCV13) and Adults

 ACIP recommend that both PCV13 and PPSV23 should be routinely administered in series to all adults age 65 years and older

MMWR 2014;63(No. 37):822-5





Pneumococcal Vaccines for Persons Age 65 Years and Older

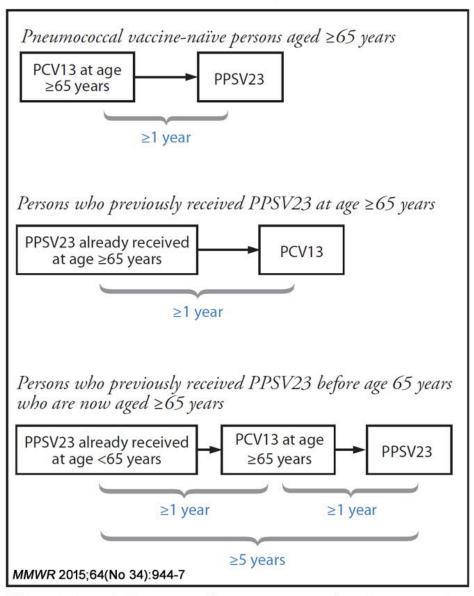
- One lifetime dose of PCV13 for adults
- PCV13 and PPSV23 should NOT be administered at the same visit
- Administer PCV13 before PPSV23, whenever possible
- PCV13 should be administered to those who have already received PPSV23

MMWR 2014;63(No. 37):822-5



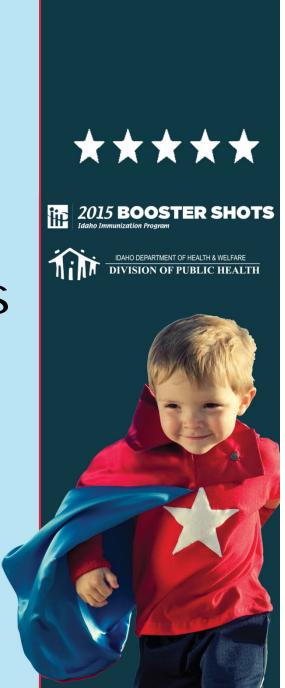


BOX. Recommended intervals for sequential use of PCV13 and PPSV23 for immunocompetent adults aged ≥65 years — Advisory Committee on Immunization Practices, United States



Abbreviations: PCV13 = 13-valent pneumococcal conjugate vaccine; PPSV23 = 23-valent pneumococcal polysaccharide vaccine.

Meningococcal Serogroup B Vaccines



Meningococcal Vaccines

- ACWY polysaccharide (Menomune)
 - available since 1978
 - not recommended except for certain persons age 56 years and older
- ACWY conjugate polysaccharide (Menactra, Menveo, MenHibrix)
 - available since 2005
 - routinely recommended for adolescents, international travelers and other high-risk persons
- B capsular protein (Trumenba, Bexero)
 - available since 2014
 - recommended only for certain high-risk persons





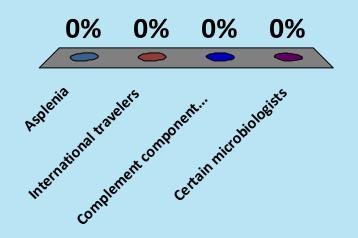
Meningococcal Serogroup B Vaccines

- Trumenba (Pfizer)
 - Licensed by FDA on October 29, 2014
 - Approved for 10 through 25 years of age
 - 3 dose series (0, 2, 6 months)
- Bexsero (Novartis)
 - Licensed by FDA on January 23, 2015
 - Approved for 10 through 25 years of age
 - 2 dose series (0, 1 months)



Which risk group is recommended for MCV4 but NOT for MenB?

- 1. Asplenia
- International travelers
 - 3. Complement component deficiency
 - 4. Certain microbiologists



ACIP Recommendations for Meningococcal B Vaccine of High Risk Persons

- Certain persons 10 years of age or older* who are at increased risk for meningococcal disease should receive MenB vaccine
 - persistent complement component deficiency
 - anatomic or functional asplenia
 - risk in a serogroup B meningococcal disease outbreak
 - certain microbiologists
- MenB vaccines are included in VFC
- NOT routinely recommended for college students or international travelers
 *off-label for persons 26 years and older

MMWR 2015;64:608-12



- On June 25, 2015 ACIP approved a Category B ("permissive") recommendation for MenB vaccine for persons not at increased risk*
- Allows for individual clinical decision-making
- Vaccines with a Category B recommendation are included in the VFC program and ACA insurance programs

*unpublished as of October 8, 2015





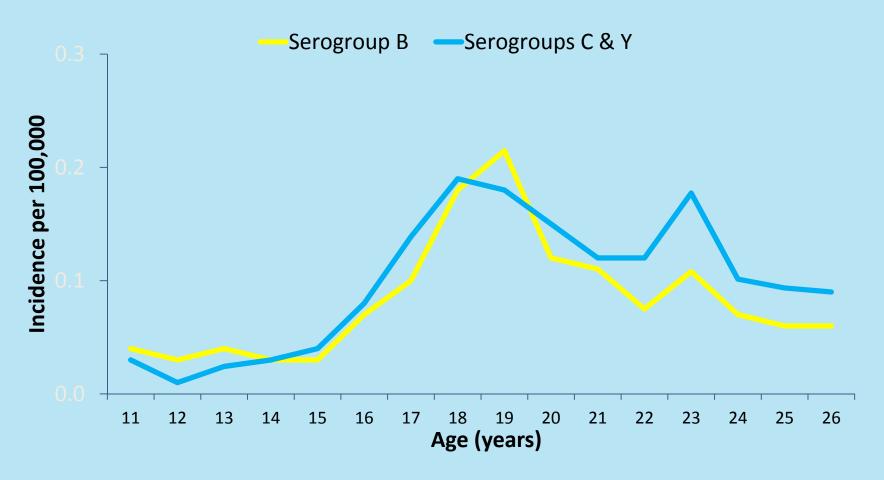
- Recommendation wording will likely be something like:
 - "A serogroup B meningococcal (MenB) vaccine series may be administered to adolescents and young adults 16 thorough 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through
 - *unpulfished of soft October 8, 2015



- Recommendation wording will likely be something like:
 - "A serogroup B meningococcal (MenB) vaccine series may be administered to adolescents and young adults 16 thorough 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through 18 years of age."



Meningococcal Incidence in Adolescents and Young Adults by Serogroup, 2009–2013



Source: NNDSS data supplemented with additional serogroup data from ABCs and state health departments

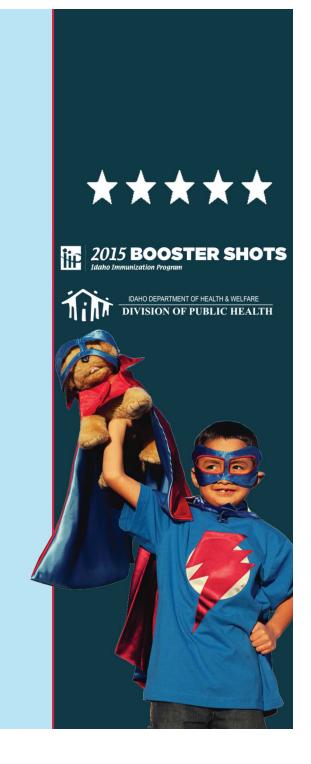
- Trumemba and Bexero are very different vaccines
 - the same vaccine should be used for the entire series
- MenB vaccines can be given at the same time as other vaccines including MCV4

*unpublished as of September 21, 2015





HPV Vaccines



9vHPV ACIP Recommendations

- Same as the current recommendations for 4vHPV
 - routine vaccination at 11 or 12 years of age
 - female 9 through 26, male 9 through 21,
 permissive through 26 (off-label for males 16 years and older)
- Any vaccine can be used to finish an incomplete series
- ACIP did not state a preference for one HPV vaccine over another

 MMWR 2015;64(No.11):300-4





9vHPV ACIP Recommendations

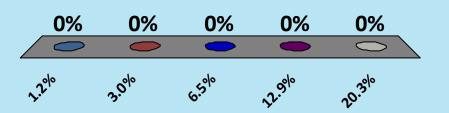
- At their June 2015 meeting ACIP declined to make any recommendation regarding revaccination with 9vHPV for persons who already completed a series of 2vHPV or 4vHPV
- Clinicians are free to revaccinate with 9vHPV but VFC will not cover additional doses and insurance plans are unlikely to pay for these doses





What is the overall exemption rate for children entering kindergarten in Idaho?

- 1. 1.2%
- 2. 3.0%
- 3. 6.5%
 - 4. 12.9%
 - 5. 20.3%









Weather

* Sports & Outdoors

Search

Idaho leads the nation for vaccine exemption rates

Posted: Fri 10:32 PM, Aug 28, 2015

TWIN FALLS, Id. (KMVT/KSVT) Idaho tops the list when it comes to exemption rates for vaccines.

Reports from the Centers for Disease Control and Prevention show Idaho led the nation for school immunization exemption rates last year.

Reasons people can bypass getting vaccinated are religious, medical or philosophical.

Public Health District officials say one of the big reasons the rate is high is because it's easy to exempt in Idaho, and some parents choose to exempt versus just making an appointment to get vaccinated.



"At South Central Public Health we know that certain people have medical conditions that do not allow them to get vaccinated. Being vaccinated with certain medical conditions can cause harm. By vaccinating everybody else in the school or in the community, we protect those people who can't get vaccinated," said Logan Hudson, a Nurse Manager with the South Central Public Health District.

If you have children that need to be vaccinated and can be, contact your primary care provider to get caught up.

In the meantime, the Idaho Immunization Program continues to work with healthcare providers to increase vaccination rates to protect children.



Not Valid in IRIS





IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF PUBLIC HEALTH

Why are immunizations Not Valid?

- Live vaccines given at inappropriate intervals
- Gender missing
- Trade name unknown
- IG
- H1N1
- Aging out of series (Rotavirus)
- Less than full dose (partial dose)

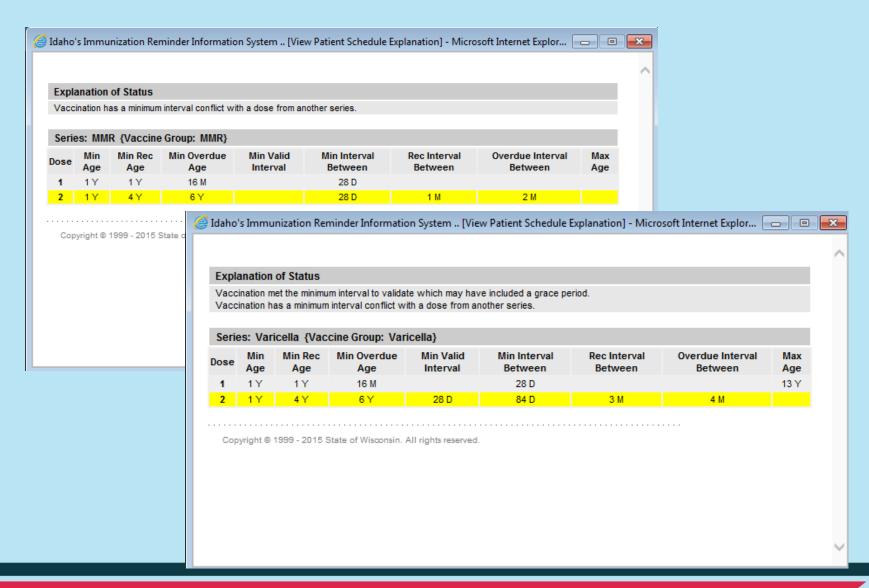


Why are both the MMR and Varicella invalid?

	09/16/2010		FluMist ⊚	Full	No
	12/21/2011		FluMist ®	Full	No
	11/08/2012		FluMist ®	Full	No
MMR	01/08/2009	1 of 2	MMR I ©	Full	No
	01/05/2012	NOT VALID	MMR I ®	Full	No
Pneumococcal	03/17/2008	1 of 5	Prevnar 7 ®	Full	No
	05/19/2008	2 of 5	Prevnar 7 ®	Full	No
	08/04/2008	3 of 5	Prevnar 7 ⊗	Full	No
	01/08/2009	4 of 5	Prevnar 7 ®	Full	No
	09/16/2010	5 of 5	Prevnar 13 ⊚	Full	No
Polio	03/17/2008	1 of 4	Pediarix ⊚	Full	No
	05/19/2008	2 of 4	Pediarix ⊚	Full	No
	08/04/2008	3 of 4	Pediarix ©	Full	No
	01/05/2012	4 of 4	Kinrix ©	Full	No
Rotavirus	03/17/2008	1 of 3	RotaTeq ®	Full	No
	05/19/2008	2 of 3	RotaTeq ®	Full	No
	08/04/2008	3 of 3	RotaTeq ®	Full	No
Varicella	01/08/2009	1 of 2	Varivax ®	Full	No
	01/05/2012	NOT VALID	Varivax ®	Full	No











Lets break it down...

- There wasn't 28 days between FluMist on 12/21/2011 and MMR/Varicella on 1/5/2012
- FluMist was given on 12/21/2011
- MMR and Varicella were given on the same day, 1/5/2012
- FluMist was given on 11/08/2012



Help Desk Reminders Helping to Avoid Frustration...

- Please refrain from sending multiple requests for the same issue
- If your password reset doesn't appear to work, please forward the email you received with the temporary password to the IRIS Help Desk with a comment.
- Make sure your contact information is correct (email address); and fill out both first and last name.



- During busy times, please allow 5 days to respond.
 - Typically its within 1 business day.



Automatic Password Reset for IRIS!









2015-2016 Seasonal Influenza Vaccine

Ordering & Distribution





Pre-Book Process

Influenza Survey All enrolled providers who would like influenza vaccine submit a survey; normally in February

IIP Orders Influenza Vaccine

 The Idaho Immunization Program (IIP) orders seasonal influenza vaccine for the State

CDC Orders Influenza Vaccine The Centers for Disease Control and Prevention (CDC) orders seasonal influenza vaccine for all Awardees immunization programs



Distribution Process

Vaccine is **Produced**

Vaccine manufacturers produce seasonal influenza vaccine

Manufacturers
Begin to
Distribute

 As vaccine lots are approved by the FDA, manufacturers begin distributing influenza vaccine to private providers and then the CDC



 The CDC begins to distribute available influenza vaccine to Awardees (state immunization programs)



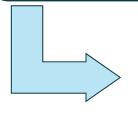




Distribution Process Continued

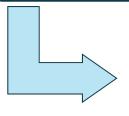
Providers
Order
Influenza
Vaccine

 Providers place orders in IRIS for the influenza vaccines that are currently listed as available



IIP Approves
Influenza
Vaccine Orders

 Based on product/presentations available and provider influenza surveys, the IIP approves influenza vaccine orders



Vaccine is Shipped to Providers Approved influenza vaccine orders are shipped to providers; orders are shipped in 2-3 days separately from other vaccines



Influenza Vaccine Ordering

 As presentations are available they will be added or removed from the create orders screen in IRIS

	Influenza (IIV4) p-free	Fluzone Quad PF	Sanofi Pasteur (PMC)	Fluzone Quad PF; 0.5mL SDV, 10-pack (36+ months)	49281-0415-10	10
Not Available	Influenza (IIV4) p-free	Fluzone Quad PF	Sanofi Pasteur (PMC)	Fluzone Quad PF; 0.5mL SYR, 10-pack (36+ months)	49281-0415-50	10

 Announcements will be posted in IRIS as vaccine availability changes

idaho's immunization reminder information system announcement

2015-2016 influenza vaccine availability

As of today, Monday, September 14, 2015 the following pediatric, quadrivalent presentations will be available to order:

Fluarix FluLaval Fluzone (SDV) Fluzone (MDV) Fluzone .25mL (SYR) FluMist

The IIP will continue to distribute influenza vaccine based on product availability and the 2015-2016 Influenza surveys submitted by your organization.

Posted on 09/14/2015





Influenza Vaccine Ordering

- Do <u>not</u> need to follow your ordering frequency
- INFLUENZA VACCINE ONLY orders will require a current refrigerator temperature; however, a full inventory count will not be required
 - For an influenza vaccine only order, click inventory count, click Enter New Count, and then click Save & Submit
- Orders may be placed for specific brands and/or presentations
 - If the brand and/or presentation requested was not indicated on the Influenza Survey submitted by your facility and/or is not available, then the order will be denied





Vaccine is Administered



Has the child* received ≥2 doses of trivalent or quadrivalent influenza vaccine before July 1, 2015?

YES

NO

1 dose of 2015-16 influenza vaccine recommended

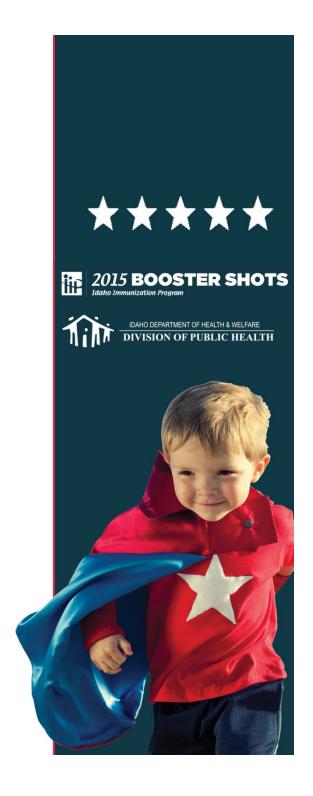
2 doses of 2015-16 influenza vaccine recommended

*For Children 6 months through 8 years of age





Storage & Handling



VACCINE FUNDING

Cost of Vaccines Distributed from July 1, 2014-June 30, 2015

\$39,096,068

Federal \$20,984,181













Which Vaccine Am 1?



Guess the vaccine or vaccines by tradename/brandname





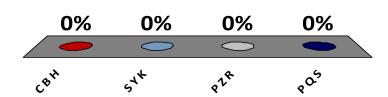


- Like all refrigerated vaccines, I need to be stored in the refrigerator between 35° - 46° F.
- Like all vaccines, I need to be in my original packaging with my lid closed and in place.
- I need to be reconstituted with my accompanying diluent.
- I should be administered promptly or stored in the refrigerator and administered within 24 hours.



ActHIB

- **√**1. CBH
 - 2. SYK
 - 3. P Z R
 - 4. PQS







PROTECTING YOUR POWER SUPPLY



- Plug only one storage unit into an outlet to avoid triggering a safety switch and turning off power
- Do not plug a vaccine storage unit into:
 - a GFI outlet
 - an outlet that can be activated by a wall switch
 - multi-outlet power strips







- Like all frozen vaccines, I need to be stored in the freezer between -58° - 5° F.
- Like all frozen vaccines, I like the temperature monitoring buffer, with probe, to be close to me.
- I may be stored at refrigerated temperatures (35° 46°
 F) for up to72 continuous hours prior to reconstitution.
- I should to be administered immediately after reconstitution. If I am not used immediately I may be stored at room temperature, protected from light for up to 30 minutes.



Which Vaccines Are We?

A. MMR®II

0%

✓B. Varivax®

0%

✓C. ProQuad®

0%



0%





FROST BUILD UP

 Manual defrost freezers need to be defrosted on a regular basis



- When frost has accumulated to 1 cm or more
- IIP will be testing package desiccant to absorb excess moisture





- Like all vaccines, I need to be stored in the middle of the unit away from the walls, floor, and cold air vent.
- Like all vaccines, I need to have my space to allow for proper air circulation.
- Like all vaccines, I should never be stored in the drawers or doors of the storage unit.
- Like all vaccines, should I expire remove me from the storage unit immediately.



PEDIARIX

- 1. EMFE %
- 2. RXEI %
- 3. U X O T %
- 4. BTUA %





TEMPERATURE MONITORING DEVICES



- IIP staff will begin conducting recalibration visits for the TR-52is this Fall
 - Offices will be notified prior to the visit
- IIP is looking into offering an additional temperature monitoring system
 - IIP would provide the equipment
 - Provider would pay for the service (subscription)

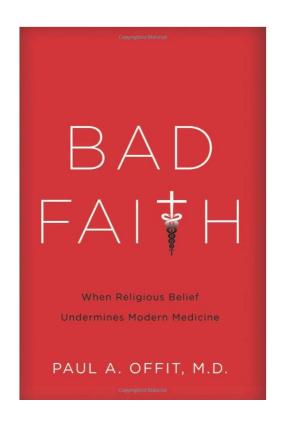


2016 Shot Smarts

April 25 – 29, 2016



Dr. Paul Offit - Professor in the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia







2016 Shot Smarts

April 25 – 29, 2016

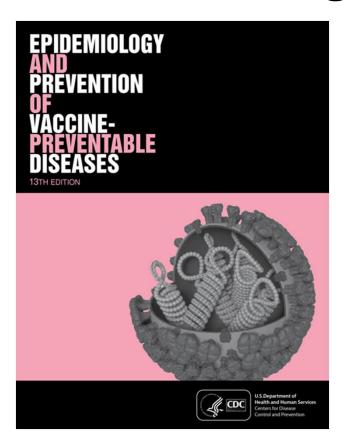


Dr. Andrew Kroger - a medical officer in the Immunization Services Division of the National Center for Immunization and Respiratory Diseases or "NCIRD" at the CDC. Dr. Kroger is the author of the newest edition of the CDC's *General Recommendations on Immunization*.



2016 Epidemiology and Prevention of Vaccine-Preventable Diseases Training

- November 2 & 3, 2016
- At the Boise Centre
- 2-day training
- CMEs and CEUs will be available
- This will replace Booster Shots
 2016









Q & A with Dr. Atkinson



